

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF NEW YORK**

CREDITOR/LIMITED FILER REQUEST FOR CHANGE OF CONTACT INFORMATION IN ECF SYSTEM

This form is to be used only for a change of Employer, address, phone number, fax number, and/or e-mail address of a Filing User of the ECF System. Enter: N/A next to the information that remains the same.

Full Name of ECF user: _____

Former Company Name: _____

Former address: _____

New Company Name: _____

New address (including zip code): _____

Former Phone number: _____

New Phone number: _____

Former Fax number: _____

New Fax number: _____

Former Primary E-mail address: _____

New Primary E-mail address: _____

I hereby authorize the Clerk's Office to make the necessary changes to update my ECF user account with the new information, as indicated above.

_____ Please forward my login name via email after the above changes have been made.

Effective Date

Signature

Print Your Name

**The completed form must be mailed via U.S. Mail. Submit the signed form in paper to:
U.S. Bankruptcy Court, Olympic Towers; 300 Pearl Street, Suite 250; Buffalo, New York 14202.**